Diagnostic challenges in childhood sarcoidosis

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Abstract

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Abstract:
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**Case presentation:**

A 2-year-old child had a one year history of polyarthritis and recurrent rash that was not objectified during consultations. The diagnosis of juvenile idiopathic arthritis was made. The patient was treated with non-steroidal anti-inflammatory drugs and methotrexate. He was hospitalized after 2 months because of severe arthralgia and functional impairment. On skin examination, he had flesh-colored, non-itchy, 4 mm papular lesions on the arms and forearms with micropapular lesions on the trunk giving a keratosis pilaris-like appearance (figure 1). The ophthalmologic examination showed anterior uveitis with Koeppe and Busacca nodules. The child did not have respiratory symptoms or lymphadenopathy. The chest x-ray and blood tests were without abnormalities. A skin biopsy showed non-necrotizing granulomatous inflammation of the dermis, confirming the diagnosis of sarcoidosis (figure 2). The patient was treated with systemic corticosteroids with improvement of clinical signs.

Sarcoidosis in children poses a diagnostic challenge, especially before the age of 5, given the absence of the classic signs of sarcoidosis. It is characterized at an early age by the triad: uveitis, arthritis and rash. The cutaneous manifestations are variable: discrete and confluent papules, eczematiform, ichthyosiform lesions, subcutaneous nodules, symmetrical maculopapular lesions or erythroderma. The rash is characterized by exacerbations and remissions. It often precedes other signs and can be discrete and go unnoticed.

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The authors fulfill the ICMJE Criteria for Authorship and contributed equally.

Dr Manaa Linda, is the guarantor of the content of the manuscript, included the data and analysis. Dr Youssef Monia contributed to interpretation of data and revision of the manuscript. Dr Chouchene Chokri contributed to data collection. Dr Ben abdejlil Nouha and Belhadjali hichem contributed to analysis and interpretation of data, revised it critically. Dr zili jamaledline and Dr Chouchene Sleh contributed to final approval of the version of the manuscript to be submitted.

**Consent:**

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**References:**


**Figure legends:**

Figure 1: Flesh-colored, non-itchy, papular lesions on the arms and forearms.

Figure 2: Dermal and subcutaneous non-necrotizing granulomas composed of epithelioid histiocytes with sparse lymphocytic infiltrate (H&E x 100).